

## HB1171 REIMBURSEMENT CLAIM FORM INSTRUCTIONS

There will be two (2) financial reports required for each project. They are a financial **cumulative** status expenditure report (Reimbursement Claim) and an annual project completion report (PCR). The Reimbursement Claim should be used to request reimbursement of Perkins funds. The PCR will include **cumulative** expenditures by function/object as stipulated in the budget of the approved application.

Perkins funds must be expended as approved or amended. The applicant is required to request a transfer or amendment to any function in which expenditures/obligations within a function or object will exceed the approved/amended budget amount by **ten percent (10%)** or more and by more than \$1000.

### INSTRUCTIONS FOR COMPLETING THE PERKINS MONTHLY REIMBURSEMENT CLAIM

**Reporting Period:** Period of expenditures/obligations since last reimbursement claim.

**Fiscal Year:** Fiscal year grantee is claiming expenditures.

**Budget Number:** Taken from grantee's award letter.

**Grantee Name, and Address:** Taken from approved Perkins application.

- (A) **Approved Budget:** List by category from the approved application;
- (B) **Previously Claimed Expenditures:** Report total claimed expenditures from Column D of previously submitted claim;
- (C) **Currently Claimed Expenditures:** Report expenditures being claimed since the previous claim;
- (D) **Total Claimed Expenditures:** Column B plus Column C;
- (E) **Budget Balance:** Column A minus Column D.

(1-4) List appropriate budget and expenditure information.

- (5) **Capital Acquisition:** Equipment purchased this reporting period must have an updated equipment inventory form attached to the Reimbursement Claim. (The Claim is not processed until both the Claim and the equipment inventory report have been submitted to the Office of Grants Management).
- (6) **Subtotal:** Total of rows 1-5
- (7) **Grand Total:** Should not exceed the total approved in the application.
- (8) **Funds Received or Requested Prior to this Report:** Perkins funds received or requested from State agency from prior reimbursement claims. Line 11 previous claim.
- (9) **Total Claimed Expenditures:** Line 7 Column D
- (11) **Funds Requested this Period:** Difference between revenue received or requested and total expenditures. Line 8 minus Line 9.
- (12) **Total Funds Requested/Received:** Total of funds received to date plus funds requested this reporting period. Line 8 plus Line 10. Should equal the Total Claimed Expenditures (Line 7 Column D).

**Authorized Representative:** Reimbursement Claim must contain an original signature of a designated authorized representative.

**Send Financial Status Report to:**

Department of Education  
Office of Finance & Management  
700 Governors Drive  
Pierre, SD 57501

For assistance in completing this report, contact the Office of Finance & Management at (605) 773-3248.